

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98772 Office of Registrar of Vital Statistics. Ward 11/7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Paul Armin Platt

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Years, Months, 15 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 109 S. Collington av

Cause of Death, { First (Primary), Second (Immediate), } Cyanosis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 24. /87

{ Undertaker, H. A. Dager, Atty. } R. W. Mansfield M. D.

Medical Attendant.

{ Place of Business, 229 S. Bay. } Address, 129 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98773 Office of Registrar of Vital Statistics. Ward 6 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 20, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Heingman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 37 Years, 2 Months, 19 Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 36 North Patterson Pl. Ave

Cause of Death, { First (Primary), Ovarium Second (Immediate), Dropsy }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem,

Date of Burial, March 23/87 John B. Brown M. D.

{ Undertaker, W. A. Saper, Address, 1229 Broadway

{ Place of Business, 1229 Broadway Address, 1229 Broadway

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

98774 Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 21, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julia A. Orion.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 59 Years, Months, Days.

Color, White.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Housewife.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore, 49 Years.

Place of Death, { Give Street and Number. } 1216 N. Caroline St.

Cause of Death, { First (Primary), Second (Immediate), } Locomotor Ataxia.

Duration of Last Sickness, Extension to Resp. Center, 10 Years.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount.

Date of Burial, March 23, 1887.

{ Undertaker, Wm. H. Hickman, M. D. } Medical Attendant.

{ Place of Business, 234 N. Gay Address, 309 N. Euter St. }

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98773 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 21st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George H. McCauley

Sex, Male ~~Female~~ { Cross out the word not required in this line. }

Age, Thirty two Years, _____ Months, _____ Days

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, { Cross out the words not required in this line. }

Occupation, Drayhtsman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Co. - Md.

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, { Give Street and Number. } No 1611 West Henriette St.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis
Wasting - exhaustion

Duration of Last Sickness, About eight months.

All the above information should be furnished by the Physician.

Place of Burial, Londan Park Cem

Date of Burial, March 24th 1887

Undertaker, J. Lewis Schafer Ridgely Hammond M. D.

Medical Attendant.

Place of Business, 316 N. Fremont St. Address, 502 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98776 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 21. 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Morris J. Jones,

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 71 Years, 9 Months, 21 Days.

Color, W.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Lawyer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Frederick, Maryland,

Duration of Residence in the City of Baltimore, 55 years,

Place of Death, { Give Street and Number. } 1021 W. Sawato St.

Cause of Death, { First (Primary), Second (Immediate), } Ch. Degenerative Nephritis,
Convulsions + coma,

Duration of Last Sickness, 18 mos.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 24th 1887

Undertaker, Stewart & Mowen J. F. Mott M. D.

Medical Attendant.

Place of Business, 215 N. 17 Park Ave. 1007 W. Sawato

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 98777 Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie M Hatch

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 34 Years, _____ Months, _____ Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bald City

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give Street and Number. } # 487 E. Charles St.

Cause of Death, { First (Primary), Second (Immediate), } Ulcerated bowel
Dropsy

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, no funeral

Date of Burial, March 24/87

Undertaker, Wm S. Fry R. W. Mansfield M. D.

Place of Business, 221 N. Broadway Address, 129 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

(New No. 2029)

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98778 Office of Registrar of Vital Statistics.

Ward 7⁹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George E. Biddisow

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 59 Years, _____ Months, _____ Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Carpenter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } St. Joseph's Hospital

Cause of Death, { First (Primary), Second (Immediate), } Cirrhosis of liver
Ascites

Duration of Last Sickness, 6 mo. ?

All the above information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, March 24/87

{ Undertaker, Wm S. Egan } Oscar J. Lockery M. D.
Medical Attendant.

{ Place of Business, 241 N. Broadway } Address, 624 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is respectfully invited to the following:

Health Department, City of Baltimore.

Permit No. 98779 Office of Registrar of Vital Statistics. Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DECEASED CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25th March 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Shippard

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 46 Years, — Months, — Days

Color, Cold

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give Street and Number, } 1120 Harmony Lane

Cause of Death, { First (Primary) Organic disease of Heart,
Second (Immediate), Gravel in Chest

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, March 23 1887

{ Undertaker, William Dodge M. D.

{ Place of Business, 150 East St Address, 1000 E. 14th St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases. Lack of this Certificate

Health Department, City of Baltimore.

Permit No. 98780 Office of Registrar of Vital Statistics. Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20 - 1887

Full Name of Deceased, Wm. Hitchens {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 Years, — Months, — Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Blackster

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No. 115 Chestnut St.

Cause of Death, {First (Primary), Valvular Disease of heart,
Second (Immediate), —}

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, March 23 1887

{Undertaker, William Edging Alex. Hill M. D. Medical Attendant.

{Place of Business, 150 East St. Address, Coroner}

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98781 Office of Registrar of Vital Statistics. Ward 2^d

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Elizabeth Skoring

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 24 Years, 7 Months, Days

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, House Keeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give Street and Number. } N. E. Cor. Canton Ave + Washington St

Cause of Death, { First (Primary), Second (Immediate), } Typhoid Fever
Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Camel Cnd.

Date of Burial, March 23^d 1887

Undertaker, H. Sanders & Son William Ricketts M. D. Medical Attendant.

Place of Business, 170 Canton Ave Address, Penna Ave Robert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]